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16 May 2013 , 05:45 AM

#21

**clive**  
Moderator



Join Date: 3 Jul 2010

Location: Down Under Land

Posts: 2,178

Threads: 143

Blog Entries: 150

Thanked 4,731 Times in 1,717 Posts



Re: The Alleged Medical Witnesses

Quote:

Originally Posted by **propaganda**  
"Make sure everyone has a tourniquet on"

LMFAO

SORT OF THE SAME AS THE AUSSIE HIV/AIDS/STD POSTERS THAT YOU WOULD FIND IN PUBS ETC. PROMOTING SAFER SEX BY USING CONDOMS.

tell him if it's not on it's not on

Still I suppose they both stop the flow and prevent death

Any man **can overcome adversity**. If you truly want to test a man's character, give him power." — **Abraham Lincoln**



The Following User Says Thank You to **clive** For This Useful Post:

**joanneatom**

16 May 2013 , 08:54 AM

#22

**QuidSapio**  
Thinker

Join Date: 19 Apr 2013

Posts: 219

Threads: 2

Thanked 769 Times in 194 Posts



Re: The Alleged Medical Witnesses

Someone I work with just suggested the Scouts were having a Tourniquet Badge Day. Certainly plays like that.

Consistent issues showing up here:

#### Exaggeration.

Almost everyone interviewed describes more bodies, blood, amputees, screaming, general carnage than there really was. There are basically two scenarios. The one we see in the photos and vids and the one being described by most of the "medical personnel" present.

Many of them describe unnamed amputees, all dramatically pumping blood from their severed arteries in ways conspicuously absent from Bauman and other photographed amputees.

#### Contradictions.

Medics describing the same victims as having different injuries. Sometimes to the extent of the same nurse/doctor changing his own story.

#### The Role of the Medical Tent.

The tent seems to be identified as a possible weak point in the narrative, because a lot of effort has been spent on "explaining" or obfuscating its role. Some narratives claim it was being used as a "makeshift ICU" for the severe trauma patients, others claim the same severe trauma patients were not treated in the tent at all but wheeled straight through it to the ambulance waiting on the far side.

Some narratives even seem to claim both at the same time.

I suspect the second claim is damage limitation for the first.

I think whoever wrote this scenario was obviously a person or persons with no medical knowledge and only limited common sense and intelligence. They constructed a wonderful melodrama about the first aid tent being turned into an emergency room, complete with taglines about "war zones" and fantastic tales of bravery and improvised treatment, and it was only after it went live that the sheer insanity of this story began to hit home.

Any person who has worked in medicine, or any person with sense would take one look at this narrative and go "why the hell were you setting up the tent as an ICU when there were hospitals with real ICUs five minutes away? Why are you playing out a scenario as if you are in the middle of a desert? This is Boston! All

*you're doing with this crap is risking people's lives"*

I think we can bet that people have been questioning this, even if not much of it gets into the media.

Hence, I suspect, the contradictory stories about the severely injured *not* being treated in the tent after all, but wheeled straight through to the ambulances.

But that doesn't really fix anything for them, as it only makes other parts of the story seem more bizarre. It raises the obvious question - *if you were putting the severely injured straight into ambulances then why didn't you move those ambulances closer to the scene? Why did you insist on all these severely injured/dying people being wheelchaired up the street and through the damn medical tent before they could even get to an emergency vehicle?*

They can't answer that plausibly - because there is no plausible answer other than the victims were fake, and the tent was being used to hide this fact from the world.

*Edit - added Alexander Halstead and Kim Kilby to the list.*

The Following 4 Users Say Thank You to QuidSapio For This Useful Post:

[goodomens97](#), [greeneye656](#), [joanneatom](#), [Saoirse](#)

16 May 2013 , 12:18 PM

#23

**felixfelix**

Writer

Join Date: 21 Apr 2013

Posts: 493

Threads: 2


Thanked 1,117 Times in 426 Posts

Re: The Alleged Medical Witnesses

Let's have a look at Rouzier's side-kick, Dr Chad Beattie of whom he says "I love Chad like a son"

**Hawthorn Medical doc still haunted by triage experience at Boston Marathon**

<http://www.southcoasttoday.com/apps/...LIFE/305160323>



Look at the date: 16 May 2013

In the month since **Dr. Chad Beattie** found himself in the middle of the Boston Marathon bombings, life on the surface has gone back to normal. The 33-year-old goes to work every day as a primary care sports medicine doctor in the Department of Orthopedics at Hawthorn Medical Associates in Dartmouth. He treats patients, makes diagnoses, does what he's been training for his whole adult life to do. But things still aren't normal.

On the afternoon of April 15, **Dr. Beattie was working in the triage unit of Medical Tent A**, about 100 yards from where the first bomb was set off. He thought it was a generator explosion. But after a second bomb detonated about 12-15 seconds later, things came into rapid — and shocking — focus. For the past five years Beattie has volunteered at the marathon with a group of doctors led by Dr. Pierre Rouzier, head team physician at the University of Massachusetts-Amherst. It's all part of his specialty, sports medicine.

"I take care of athletes and patients of all ages using a nonsurgical approach to focus on skeletal and muscular complaints," Beattie says, adding that he most commonly treats problems "from head to toe," including rotator cuff injuries, hip and knee pain and other ailments. But there was nothing in his training that prepared him for what happened at the Marathon.

Just minutes before the blast, he was telling other doctors in the tent how unusually quiet the afternoon was, with most runners seeking assistance to treat what he classifies as "routine stuff" — muscle cramps, dehydration, arrhythmia, shortness of breath and blisters. Grateful that this year's mild temperatures resulted in fewer injuries, Beattie waited for the marathon to end.

Then: "There was a loud blast to my left. You could feel the blast of the bomb."

He'd never heard or seen a bomb detonated, and he didn't know what to expect. A sense of quiet and caution quickly pervaded the medical tent. "Then the second explosion happened, and the screaming and chaos began," Beattie says. "I grabbed my cell phone and I texted my wife: 'Bombs at marathon. I'm okay.'"

Dr. Beattie then sped across the tent to ask where he was most needed — in the medical facility or at the scene. Once he received instructions and quickly donned a pair of latex gloves, **Beattie ran toward the area where the first bomb exploded on Boylston Street.**

**"I was running through a cloud of smoke," Beattie says. "When the smoke cleared, there was a pile of bodies. The first victim I saw was a traumatic amputee. I took my belt off and made a tourniquet."**

While the doctor didn't learn the fate of the **first victim he encountered, the memory of the woman's deep blue eyes is etched upon his memory. After hearing news reports, Beattie now believes the victim was Krystle Campbell**, who grew up in Medford.

As Beattie rushed to aid victims, **he saw medical personnel place a white sheet over the body of 8 year-old Martin Richard. He also watched as Lu Lingzi, a graduate student from China, was pronounced dead when efforts to revive the young woman were unsuccessful. "I am glad I was there to help," the doctor says, adding he also made several splints for broken bones out of wooden fence slats and cardboard congratulatory signs he found scattered in the debris.**

One of the things that impressed Beattie most was that most of the injured remained calm despite the chaos that surrounded them as first responders rushed to the scene and law enforcement personnel quickly dispersed onlookers as they cleared the streets.

He returned home that night to his family in Dartmouth; wife Betty Medeiros Beattie, an anesthesiologist, and the couple's two sons, a three year-old toddler and a new month-old baby. He tried to take it all in, make sense of it.

He's still trying.

"It affected me a lot," he says. Certain moments are vivid, indelible others feel like a surreal blur. "It still haunts me."

Understandably, Beattie has had trouble sleeping and was "constantly reliving the scene," thinking how he "could have done things differently or done more" to assist the victims.

But he says that with time, debriefing sessions, and counseling provided by the Boston Athletic Association, sponsors of the marathon, his life is returning to normal.

So is his resolve: "I will return next year."

Beattie, who has practiced in Dartmouth since September, is a graduate of St. George Medical School in Grenada, West Indies, and completed his internship and residency in family medicine and a fellowship in primary care sports medicine, all at the University of Massachusetts Medical Center in Worcester.

"I take care of athletes and patients of all ages using a nonsurgical approach to focus on skeletal and muscular complaints," Beattie says, adding that he most commonly treats problems "from head to toe," including rotator cuff injuries, hip and knee pain and other ailments.

Treatment includes injections and/or therapy, and if the medical issue requires surgery, Beattie refers the patient to an orthopedic surgeon in the practice.

hold on a minute, weren't the alleged victims Linzi and Richard down the street at bomb site #2??

Here's a better photo for any i/ds in photos:

2 of 11



The Following 6 Users  
Say Thank You to  
felixfelix For This  
Useful Post:

goodomens97, greeneye656, joanneatom, PCGeek, QuidSapio, Saoirse

16 May 2013 , 13:02 PM

#24

## felixfelix

Writer

Join Date: 21 Apr 2013

Posts: 493

Threads: 2

Thanked 1,117 Times in 426 Posts



### Re: The Alleged Medical Witnesses

Sorry to repeat the name, Quid Sapio - and the link but it needs pasting, owing to his home hospital and the photo

**Dr. Sushrut Jangi, an internist at Beth Israel Deaconess Medical Center,** told of injuries more common to battlefields: "There were victims coming in with both legs blown off. I had never seen anything like that."

<http://consumer.healthday.com/Article.asp?AID=675471>

assume then he's in tent A

<http://www.nejm.org/doi/full/10.1056/NEJMp1305299>

**Under the Medical Tent at the Boston Marathon**Sushrut Jangi, M.D.

April 23, 2013

Suddenly, there was a loud, sickening blast. My ears were ringing, and then — a long pause. Everyone in the tent stopped and looked up. A dehydrated woman grabbed my wrist. "What was that?" she cried. "Don't leave." I didn't move. **John Andersen, a medical coordinator,** took the microphone. "Everybody stay with your patients," he said, "and stay calm." Then we smelled smoke — a dense stench of sulfur — and heard a second explosion, farther off but no less frightening. Despite the patient's plea, I walked out the back of the tent and saw a crowd running from a cloud of smoke billowing around the finish line. "There are bombs," a woman whispered. My hands began to shake.

My friend **Jennifer Schwartz** was looking for her stethoscope

At the tent, I stood in a crowd of doctors, awaiting victims, feeling choked by the smoke drifting along Boylston. Through the haze, the stretchers arrived; when I saw the first of the wounded, I was overwhelmed with nausea. **An injured woman — I couldn't tell whether she was conscious — lay on the stretcher, her legs entirely blown off. Blood poured out of the arteries of her torso; I saw shredded arteries, veins, ragged tissue and muscle.**

Here's his own pic from inside the tent:

<http://www.boston.com/lifestyle/health/s5PJ/blog.html>

where he was working with a **Dr Jennifer Rosenberg**; is this the same person as Jennifer Schwartz?



[IMG]

[/IMG]

### Sushrut Jangi

Anticipated Graduation Year: 2012

Hometown: Ashland, MA

College: Brandeis University (Waltham, MA)

Research Topic: Undecided

Thesis Advisor: Undecided

E-mail: Sushrut.Jangi@umassmed.edu



[Sushrut R. Jangi](#)

Title

Lecturer in Biology

<http://www.brandeis.edu/facultyguide...f66faadd06088>

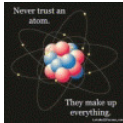


The Following 2 Users [joanneatom](#), [QuidSapio](#)  
Say Thank You to  
felixfelix For This  
Useful Post:

16 May 2013, 13:44 PM

#25

**joanneatom**  
Free Mind



Join Date: 6 Dec 2012

Location: UK

Posts: 1,089

Threads: 10

Thanked 2,361 Times in 840 Posts



Re: The Alleged Medical Witnesses

Quote:

Originally Posted by [QuidSapio](#)   
Someone I work with just suggested the Scouts were having a Tourniquet Badge Day. Certainly plays like that.  
Consistent issues showing up here:

**Exaggeration.**

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Many of them describe unnamed amputees, all dramatically pumping blood from their severed arteries in ways conspicuously absent from Bauman and other photographed amputees.

**Contradictions.**

Medics describing the same victims as having different injuries. Sometimes to the extent of the same nurse/doctor changing his own story.

**The Role of the Medical Tent.**

The tent seems to be identified as a possible weak point in the narrative, because a lot of effort has been spent on "explaining" or obfuscating its role. Some narratives claim it was being used as a "makeshift ICU" for the severe trauma patients, others claim the same severe trauma patients were not treated in the tent at all but wheeled straight through it to the ambulance waiting on the far side.

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I suspect the second claim is damage limitation for the first.

I think whoever wrote this scenario was obviously a person or persons with no medical knowledge and only limited common sense and intelligence. They constructed a wonderful melodrama about the first aid tent being turned into an emergency room, complete with taglines about "war zones" and fantastic tales of bravery and improvised treatment, and it was only after it went live that the sheer insanity of this story began to hit home.

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Hence, I suspect, the contradictory stories about the severely injured not being treated in the tent after all, but wheeled straight through to the ambulances.

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Edit - added Alexander Halstead and Kim Kilby to the list.

Hey Quid. I have been giving some thought to your suggestion that the medical tent was used as a way to keep the frauds from the genuine individuals who would of been working in the area that day. It does seem a plausible explanation. If we are understanding the set up correctly, there was enough room inside the tent for victims to be wheeled in whatever apparatus, and wheeled straight through to the back into an ambulance, if their 'injuries' necessitated it. We have a limited number of images from the day, that have been posted in the thread previously. Here is the tent, early in the day, in the process of being set up. There is a lot of room in there.



If we move forward to later in the day, after it has become an emergency 'war zone' field hospital, most of the room has been taken up with all the cots/staff/patients and piles of medical supplies - the place looks like a scene of organised chaos. Perfectly understandable under the alleged circumstances.




What bothers me is there is absolutely no room to run a wheelchair through that chaos, let alone a stretcher. The other side of the tent looked equally full with 'stuff'. How did they get any patients from the front to the back, especially



those who could not stand? The pictures do not correlate with the official line of what occurred in the tent. We have seen this situation with many false-flag events and it is usual for it to proven later as a purely staged scene, or a basic 'photo-shoot'. Clearly we need much more evidence, but I'm beginning to feel the people in the tent were really there washing their make -up off and rapidly disposing of evidence that would potentially reveal the hoax.

..Never trust an atom...they make up everything...



The Following 3 Users Say Thank You to joanneatom For This Useful Post:

greeneye656, QuidSapio, Saoirse

16 May 2013 , 14:50 PM

joanneatom

Free Mind



Join Date: 6 Dec 2012

Location: UK

Posts: 1,089

Threads: 10

Thanked 2,361 Times in 840 Posts



#26

Re: The Alleged Medical Witnesses

Boston Medical Drill.

Quote:

Dr. Paul Biddinger was at a medical station near the Boston Marathon's "Heartbreak Hill" on April 15 when his pager went off, notifying him of the bombs at the finish line, five miles away. Biddinger, who directs emergency operations at Massachusetts General Hospital, was standing next to someone from Boston Emergency Medical Services and someone from the state health department as they got similar calls.

They'd drilled for this moment, using actors pretending to be patients, paint bullets, make up and controlled explosions. Fortunately, on April 15, within minutes, Biddinger and the other medical responders were headed to where they needed to be. "I think, given the severity of the injuries of the first patients we received after the bombing, I am absolutely surprised there was not more loss of life," said Biddinger, who arrived at the hospital shortly after the first patients arrived.

Hospitals throughout Massachusetts have received funding from the Office of the Assistant Secretary for Preparedness and Response's Hospital Preparedness Program to perform emergency drills that include fake patients.(They also need to have a shadow staff that continues to treat real patients during the exercise.)

And since May 2010, the city has done two 24-hour disaster simulations as part of its annual Urban Shield exercises, which are funded by the Department of Homeland Security. The exercises involved police, EMS teams, SWAT teams and hospitals. In 2012, they prepared to encounter bombs and active shooters as part of an exercise.

"The realism is heightened. It's not just walking into a tent or a garage with props set up," said Boston EMS Chief James "Jimmy" Hooley. "It's noisy. It's sweaty. They run it for 24 hours. It's meant to try to push stress levels a little bit. No hospital stands alone," Marcozzi said.

That's why the Urban Shield drills involved hospitals as well as first responders and law enforcement. The training helped teach teams to "think on the fly," which came in handy during the marathon bombing, she said. More here: <http://abcnews.go.com/Health/emergen...14#.UZQvYKLrwS>

Whilst I realise all major urban centers practice disaster drills, the wording from this article is striking. The 'drill' the doctor describes is very similar to what we now know occurred in Boston. Yet, to even suggest that these mock-ups assisted them to 'think on the fly' during the Boston event is laughable, an insult to our intelligence. For this event to be real, the chief emergency preparedness officer for all Massachusetts general hospital's is confirming the following:


Responders with the adequate experience to deal with the casualties were kept on stand by blocks away and prevented from assisting at the scene by government officials, often at gun point. This, whilst members of the public and volunteer medical personnel piled multiple amputees into wheelchairs and fled to an ill equipped tent in the opposite direction. Some died in makeshift cots on the sidewalk, whilst frantic staff tried to address arterial bleeding from blast wounds with nothing more than saline drips and inadequate bandages, the whole time using their own belts as impromptu tourniquets. Gravely injured patients screamed in agony as there was no pain relief available. Inexperienced medical staff were often 'frozen in fear' at the horrific sights they were witnessing in the tent, and were unable to attend to the ever increasing flow of desperate patients. After undergoing all this suffering in the tent, they were eventually transferred to ambulances and taken to hospital anyway.

Quote:

"I think, given the severity of the injuries of the first patients we received after the bombing, I am absolutely surprised there was not more loss of life,"

So am I Dr, so am I. If this is how the city of Boston 'thinks on the fly', they really should be conducting a few more of those 'drills'.....

..Never trust an atom...they make up everything...



Last edited by joanneatom; 16 May 2013 at 14:52 PM. Reason: add quote

The Following 5 Users Say Thank You to joanneatom For This Useful Post:

felixfelix, goodomens97, greeneye656, QuidSapio, Saoirse

17 May 2013 , 02:02 AM

felixfelix

Writer

#27

Re: The Alleged Medical Witnesses

<http://www.maristcircle.com/news/stu...5#.UZXK70pQMns>

Join Date: 21 Apr 2013

Posts: 493

Threads: 2

Thanked 1,117 Times in 426 Posts

### Students reflect on being first responders at Boston Marathon

By [Deana Hasandjekaj](#)  
Circle Contributor  
**Published:** Wednesday, May 1, 2013  
**Updated:** Wednesday, May 1, 2013 23:05

Five Marist students attended the Boston Marathon as medical volunteers, alongside the **director of the Marist Athletic Training Program, Michael Powers**. The students stood near the finish line, intending to help out the dehydrated runners in the medical tent. **"We were no more than a few meters away from the first blast," junior Patrick Deedy** said.

When the first bomb went off at 2:59 p.m., there was no immediate reaction from the crowd.

"At first we thought it was a **celebratory cannon** [the standard phrase, as if taught in the tent....] as it was very loud, and you felt the sound wave; but when I saw the smoke at ground height and then the second one shortly after, I knew it was an explosion," junior **Ian Shultis** said.

Shultis vividly described the scene when the second bomb set off.

"Rescuers were directing people to help, remove barriers, remove clothing and belts for tourniquets, and just get on people as fast as possible. People were very tightly packed together.**You couldn't step anywhere that didn't have blood, glass, or debris like burning sticks from the fence, or clothing," Shultis said.** [burning sticks????]

Deedy moved the runners who were in the medical tent for dehydration out so the severely injured people would be able to be treated. He assisted by handing out gauze and other medical supplies to the doctors and physicians at the scene.

"I never had my hands on any of the people who were involved with the blast. I left that to the more advanced medical personnel," Deedy said.

**Shultis, however, did help out a married couple impacted by the blast. Powers called him over to assist the woman, who had a broken leg. Her husband suffered severe burns on his left leg and lacerations that had to be bandaged by Shultis.**

"I remember her crying and in pain as people talked her through it. Her husband was being very quiet. **We had already helped her 8-year-old son who had a broken tibia," said Shultis.**

**In general, most people had lower limb injuries, amputations, open fractures, protruding bones, deep lacerations, burns and shrapnel wounds, according to Shultis.** Overall, the media coverage captured some graphic photos, but not to the extent of the live event.

"The pictures do not accurately express the damage done to those people and the wounds they received, but I am glad they do not," Shultis said.

**At approximately 3:40 p.m., the students were asked to leave the tent, and only the essential medical personnel needed to stay.** Deedy, from Concord, Mass., has a sister who currently resides in Boston. Due to the road blockages by law enforcement, the students were unable to evacuate from Boston immediately.

"We were stuck in that apartment until about 6 p.m. We were just watching the news and calling family to make sure everything was okay," Deedy said.

Events like these simply cannot be anticipated. Deedy hopes that there will not be an overabundance of security in Boston from now on, because he feels that it "will take away the fun from the marathon. It's great for the city. It's an amazing experience." However, Shultis stated that increased screening will be an inevitable precaution to the secure the event.

Random acts of terrorism are a great fear for all Americans. Marathons, however, are particularly hard to keep secure due to the openness and length of the run.

"I think this event will be a defining factor on public safety for these large scale events that are not even really associated with political or national views," Shultis said.

Both Deedy and Shultis believe that the experience was very eye-opening for their career paths. Shultis wants to pursue a career as a physician's assistant and hopes to learn more about what he can do in emergency situations like these. Deedy also said he will definitely take into account this situation when considering a career in health.

Although the event was devastating and impacted many, Marist students still managed to find a silver lining.

"In essence, I think we're all proud of what we were a part of and the response we initiated in a stressful time," Shultis said.

"It makes you take some perspective on what's important, it really does," Deedy said.

Quote

The Following 3 Users Say Thank You to felixfelix For This Useful Post:

goodomens97, greeneye656, joanneatom

17 May 2013 , 07:05 AM

#28

QuidSapio

Thinker

Join Date: 19 Apr 2013

Posts: 219

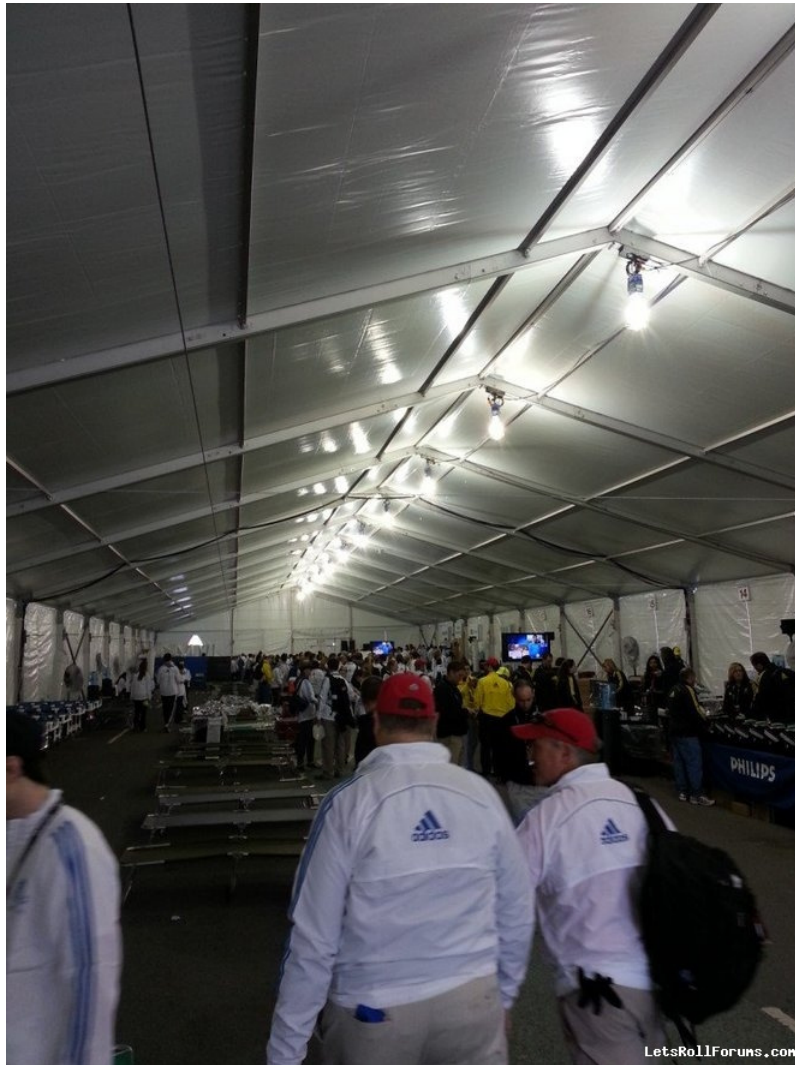
Threads: 2

Thanked 769 Times in 194 Posts

Re: The Alleged Medical Witnesses

Quote:

Originally Posted by [joanneatom](#)  
*Hey Quid. I have been giving some thought to your suggestion that the medical tent was used as a way to keep the frauds from the genuine individuals who would of been working in the area that day. It does seem a plausible explanation. If we are understanding the set up correctly, there was enough room inside the tent for victims to be wheeled in whatever apparatus, and wheeled straight through to the back into an ambulance, if their 'injuries' necessitated it. We have a limited number of images from the day, that have been posted in the thread previously. Here is the tent, early in the day, in the process of being set up. There is a lot of room in there.*



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especially those who could not stand? The pictures do not correlate with the official line of what occurred in the tent. We have seen this situation with many false-flag events and it is usual for it to proven later as a purely staged scene, or a basic 'photo-shoot'. Clearly we need much more evidence, but I'm beginning to feel the people in the tent were really there washing their make -up off and rapidly disposing of evidence that would potentially reveal the hoax.

Good point yeah - there seems to be no way any wheelchairs could be rushed through that tent. And who are all these guys in red? They aren't in the first pic at all.

But the issues in these pics are legion

1. Who are the people in those beds? Why can't we see their faces?
2. Why are they covered with sheets, which would simply get in the way of assessing and treating major trauma?
3. The victims photographed on the street were bloody and many were sporting amputations. Why can't we see the same things here?
4. About that sign saying "intensive care" - is this a normal part of a first-aid tent at a marathon?
5. If not, then where did it come from, and what does it signify? There are no crash carts, blood products, heart monitors, so in what sense is this an ICU? How could severe trauma be treated and "stabilized" here?
6. Both photos are consistent with the claims made by physicians that the tent was inadequate for the treatment of major trauma. Which raises the question - **why hang up a sign claiming a level of care you don't have? And why bring major trauma cases in there to be treated, when you don't have the wherewithal to treat them and are just prolonging the delay before they get to hospital?**
7. The people in the beds under that sign must be the most severely injured - the amputees and hemorrhage victims. We ought to see blood, evidence of missing limbs and physicians working heroically to staunch bleeding. But yet the photograph shows nothing like that and is more consistent with the aftermath of a normal marathon than for any kind of major trauma. The most "intensive" thing happening is someone hanging a bag of fluid.

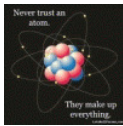


The Following 4 Users [goodomens97](#), [greeneye656](#), [joanneatom](#), [Saoirse](#)  
Say Thank You to  
[QuidSapio](#) For This  
Useful Post:

18 May 2013 , 08:56 AM

#29

**joanneatom**  
Free Mind



Join Date: 6 Dec 2012

Location: UK

Posts: 1,089

Threads: 10

Thanked 2,361 Times in 840 Posts



Re: The Alleged Medical Witnesses

**An article in relation to the tourniquets that were used.**

Quote:

**NEW YORK (AP)** — As people lay badly bleeding in the smoke of the Boston Marathon bombings, rescuers immediately turned to a millennia-old medical device to save their lives — the tourniquet. Using belts, shirts and other materials, they tied off bleeding limbs in fast-acting bids to prevent major blood loss, shock and death. [Such fast work no doubt saved many lives, doctors at Boston area hospitals said.](#)

So it's interesting to note that if this had happened a decade ago, many emergency responders might have avoided the tourniquet. As recently as the early 2000s, the tourniquet was still enmeshed in a longstanding controversy about whether they were more trouble than they were worth. "Some people saw them as lifesaving, and others said they were the instrument of the devil," said Dr. John F. Kragh Jr., an orthopedic surgeon with the U.S. Army's Institute of Surgical Research in Texas. Although tourniquets have been used to stem blood loss since at least the time of the Roman Empire, modern military surgeons had grown to doubt it. There were no good studies proving their benefit. And there was a common belief that some tourniquets could do more harm than good, cutting off blood and oxygen to limbs and resulting in amputations.

["There are a number of ways to mess it up,"](#) said Kragh, [who is a leading researcher on methods to control bleeding.](#) Sometimes tourniquets were not tight enough, causing bleeding to actually get worse. Some were not wide enough. In Vietnam, tourniquets were not often used because it was thought they led to many amputations, said Dr. Kevin Kirk, an Army lieutenant colonel who is chief orthopedic surgeon at San Antonio Military Medical Center. That's because tourniquets often were placed too high above the injury, leading to loss of tissue that otherwise might be saved, he said. Now they are used lower. "A lot of lives and limbs may have been saved by the use of a tourniquet," Kirk said.

The American Red Cross came to call tourniquets a last resort for stemming severe bleeding. It continues to worry that tourniquets may be used improperly or in situations when blood loss is not great enough to warrant their use. "Clearly, if a leg is blown off, it's OK to go straight to tourniquet," said Dr. Richard Bradley, a member of the Red Cross's scientific advisory council. But the Red Cross continues to advise that direct pressure be applied to a wound in less extreme situations.

Tourniquets should be at least 1½ inches wide, and pulled very tight, to properly shut off blood flow. Medical supply companies make tourniquets that do the job best. Bradley also stressed that it's important to use a real tourniquet if possible. News coverage of the Boston tragedy describes emergency responders using all sorts of things as makeshift tourniquets, including neck lanyards. "Is a lanyard better than nothing? Maybe," Bradley said. But other kinds of care, and rapid transport to hospitals, may have been at least as important as tourniquets, he added.

[Boston EMS began including tourniquets as standard equipment in recent years and they proved to be crucial on Monday, said Joseph Blansfield, Boston Medical Center's trauma program manager.](#) "Without a doubt, tourniquets were a difference-maker and saved lives," said Blansfield, who spent a year as chief nurse of a combat support hospital in Iraq. "Bleeding was able to be stanch and (patients) arrived in a better physiologic state and didn't require as much resuscitation as they otherwise would."

[EMS workers did much of the tourniquet work at the scene, but some improvisation was done by people with far less medical training.](#) Monday's blasts injured at least 170 people near the finish line. Three spectators died and 13 people lost one or more limbs.

Source: <http://news.yahoo.com/once-doubted-t...062848564.html>

Right. Where to begin? Apart from the fact that everybody agrees in a roundabout way that they are not really *proven* to increase chances of survival.....

Quote:

"There are a number of ways to mess it up," said Kragh, who is a leading researcher on methods to control bleeding. Sometimes tourniquets were not tight enough, causing bleeding to actually get worse.

We saw many tourniquets that served absolutely no useful function, if that is the case. In fact, the tourniquets would of been causing more problems than they were solving, as we originally thought.

Quote:

News coverage of the Boston tragedy describes emergency responders using all sorts of things as makeshift tourniquets, including neck lanyards. "Is a lanyard better than nothing? Maybe," Bradley said. But other kinds of care, and rapid transport to hospitals, may have been at least as important as tourniquets, he added.

Not being left on the pavement for a long period of time, and transported to an ill equipped medical tent by wheelchair then?

Quote:

Boston EMS began including tourniquets as standard equipment in recent years and they proved to be crucial on Monday, said Joseph Blansfield, Boston Medical Center's trauma program manager.

Hmmm. So the equipment was readily available, they just concluded the option of sweaters/t shirts and random belts was the better one? Aside from the fact they have already stated on numerous occasions, *EMS workers were using their own belts*, in the absence of anything else to hand.

Quote:

EMS workers did much of the tourniquet work at the scene, but some improvisation was done by people with far less medical training.

No, they didn't. The entire world saw the 'tourniquet' situation unfold. They were *all* applied by complete novices. The novices did all of the useless tourniquet applications and the EMS workers continued the process. I have only seen two or three photographs of an injured person with a proper medical-strap tourniquet in situ. I have seen hundreds that


were impromptu and totally useless.


Quote:

Such fast work no doubt saved many lives, doctors at Boston area hospitals said.

This was the line in the opening statement. The entire article then proceeded through the paragraphs completely contradicting this very statement! So wrong.

..Never trust an atom...they make up everything....





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Re: The Alleged Medical Witnesses

Great analysis J. That article seems designed for one thing only - to try and allay doubt and suspicion about the bizarre role "tourniquets" played in this event!

I think that whole tourniquet-fest was some kind of error or mistake. The result of non-medical people/complete idiots writing the script. It ended up looking ridiculous and they're left trying to cover. 😊



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